AIDS briefs

Starting antiretroviral therapy early

Research from Cape Town suggests that antiretroviral therapy should be started earlier than the current guideline of a CD4 cell count of less than 200 cells/mm^3. Motasim Badri and colleagues, in a longitudinal study of 1 399 untreated patients in the Cape Town urban area, have identified a greater short-term risk of progression to AIDS or death in South African patients with CD4 cell counts of 200 - 350 cells/mm^3 compared with European and Australian cohorts of patients with similar CD4 values and at the same clinical stage of disease.

World Health Organization (WHO) guidelines for the start of antiretroviral therapy have in the past been formulated based on epidemiological information from cohort studies carried out in high-income countries and assessing mostly the long-term risk of disease progression. Recommendations for low-income countries have focused on WHO staging of disease progression and on CD4 cell counts, with treatment starting at CD4 values of < 200 cells/mm^3.

Data from 1 399 patients in the Cape Town AIDS Cohort (CTAC) were analysed to separately assess the short-term (6 months) risk of AIDS and death, and the combined risk of AIDS and death according to CD4 cell counts and WHO stage of disease. The team found that, unlike high-income countries, in this setting WHO stage 3 disease is associated with a high risk of short-term mortality. Around 52% of patients had not progressed to AIDS before they died. The short-term risk of mortality rises even further for patients in WHO stage 4. It is likely, according to this research, that the results of this study may be applicable to other similar settings, although co-morbidity such as malaria is not common in Cape Town. The team hope that this finding will lead to a revision of the WHO guidelines for resource-poor settings, where both the short-term risk of AIDS and the short-term risk of death should be considered for starting antiretroviral therapy. If the WHO guidelines change to starting antiretroviral therapy at a level above 200 cells/mm^3 something like two-thirds of early deaths could be prevented as antiretrovirals are started earlier.

Badri M, *et al. Lancet* 2006; 368: 1254 – 1259.

Improved uptake of VCT in Botswana

Demand for voluntary counselling and testing (VCT) in Botswana has increased since their antiretroviral treatment programme was started, according to a recent article in the *Journal of Acquired Immunodeficiency Syndrome*. The same article also reports that many of those seeking testing were in self-reported monogamous relationships. Botswana has one of the highest prevalences of HIV in the world. The government of Botswana has a stated commitment to HIV-related health programmes and introduced the first free programme designed to prevent mother-to-child transmission of HIV in Africa in 2001. A year later, Botswana was the first country in Africa to develop a public antiretroviral treatment programme. By late 2004, over 25 000 individuals were receiving anti-HIV therapy in Botswana.

But, in spite of this, the rate of HIV testing in the country has remained low. Fewer than half of pregnant women have been tested and only 6% of those with tuberculosis. To try to address this problem, the government introduced the *Tebelopele* (to look into the future) programme. By 2003, there were 16 *Tebelopele* centres offering free anonymous HIV testing and counselling.

Researchers used data from 157 000 visits between April 2000 and September 2004. Of the 117 000 individuals testing at a *Tebelopele* facility for the first time, 37% were HIV-positive. The number of people seeking HIV testing increased dramatically after Botswana introduced its antiretroviral treatment programme in 2002, with a marked increase in the number of clients seeking an HIV test because of illness (8% sought HIV testing because of illness before antiretroviral therapy was available; this increased to 20% after the treatment programme was launched). There was also an increase from 26% to 39% among people testing HIV-positive after the launch of the treatment programme. The investigators also found that 78% of individuals who sought an HIV test for health reasons were HIV-positive. When the investigators analysed the details of *Tebelopele's* clients, they found that 88% of men and 96% of women had had one or no sexual partners in the three months preceding their HIV test.

But a worrying trend is that unmarried people and those reporting only one sexual partner had high HIV prevalence and low condom use. Researchers believe that there needs to be more emphasis on the fact that short-term monogamy is no barrier to HIV infection.

Creek TL, *et al. J Acquir Immune Defic Syndr* 2006; 43: 210 – 218.

XDR TB more common than bird flu

South Africa has now detected 284 cases of extensively drug-resistant tuberculosis (XDR TB), according the Medical Research Council. This is more than the 256 cases of bird flu reported around the world. There are up to 20 potential cases in the Eastern Cape alone, where 14 patients have died of what is reported to be XDR TB. XDR TB is defined as a form of TB that is resistant to at least 3 of the 6 classes of drugs that can be used in second-line treatment.

A public health nightmare, all but one of the first 53 cases of XDR TB died within 3 weeks of diagnosis. Capreomycin, one of the few drugs thought to be effective against XDR TB, has been donated to South Africa by manufacturer Eli Lilly.

Cases of XDR TB are now being diagnosed throughout South Africa and could be going undetected in other parts of southern Africa.

Sources: various

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